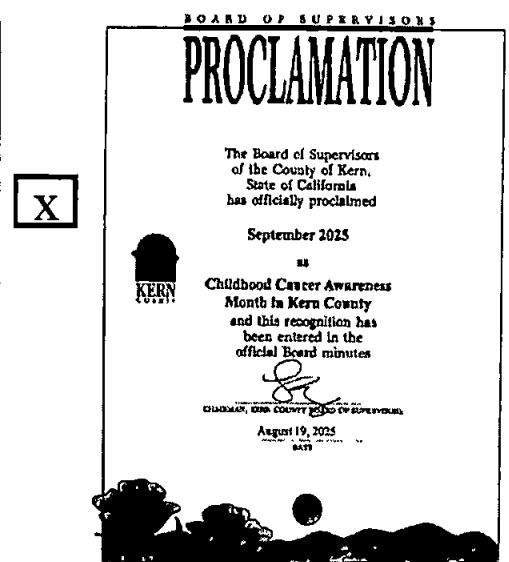
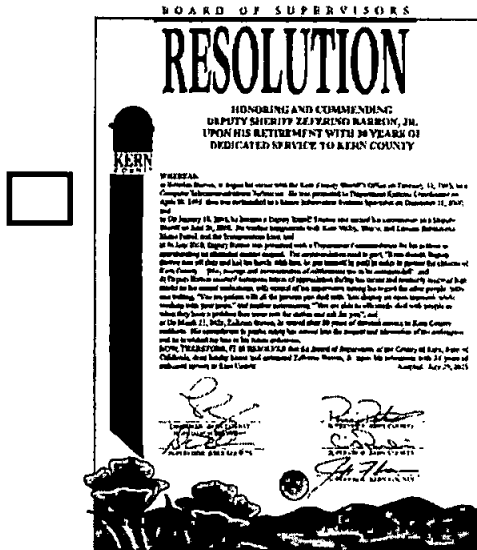
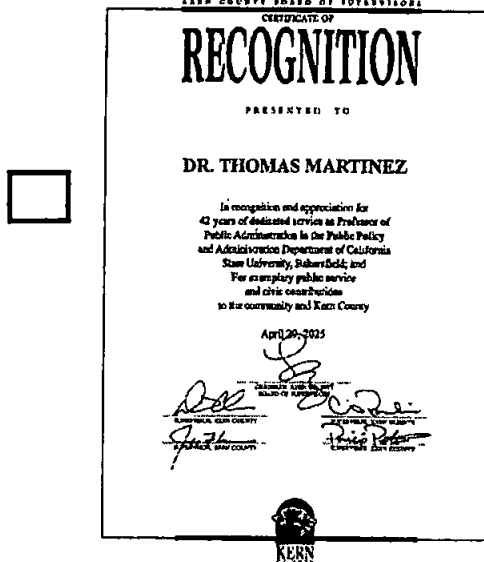


**KERN COUNTY BOARD OF SUPERVISORS
CERTIFICATE REQUEST FORM**

Today's Date: 9/8/2026

Supervisorial District: 5

Type of certificate requested (mark box next to thumbnail, below):



Request for Presentation by Board of Supervisors

Board Meeting Date: Tuesday, September 29, 2026
(Submission is due two weeks prior to Board date)

Item will be **On-Consent** (Not Presented) ☐ Item will be **Off-Consent** (Presented) ☒

If Certificate **will not** be presented at a Board Meeting, insert date of presentation: _____
(Submission is due at least 48 hours prior to presentation)

Name of Agency or Organization receiving Certificate: Future Physicians of Kern
(This name will appear on the Certificate)

Suggested text of Certificate or description of event/peron being recognized: _____

National Latino Physician Day - October 1, 2026

Priscilla Sanchez

Signature of Board Member or District Staff

**Submit Requests to Clerk of the Board.
Attach all supporting documents.**